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RECEIVED
NEW MEXICO OIL CONSERVATION COMMISSION
NOV 15 1982
O. C. D.
ARTESIA, OFFICE

Form C-103
 Supersedes Old
 C-102 and C-103
 Effective 1-1-65

5a. Indicate Type of Lease
 State Fee

5. State Oil & Gas Lease No.

7. Unit Agreement Name

8. Farm or Lease Name
 KOL

9. Well No.
 1

10. Field and Pool, or Wildcat
 Wildcat-San Andres

12. County
 Chaves

SUNDRY NOTICES AND REPORTS ON WELLS
(DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL GAS WELL OTHER-

2. Name of Operator
 TOM L. INGRAM

3. Address of Operator
 P. O. Box 1757, Roswell, New Mexico 88201

4. Location of Well
 UNIT LETTER G 2305 FEET FROM THE North 1651 FEET FROM
 THE East 7 LINE, SECTION 10-S TOWNSHIP 29-E RANGE 29-E NMPM.

15. Elevation (Show whether DF, RT, GR, etc.)
 3880 Gr

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	Progress <input checked="" type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

9/3/82 - 11/12/82
 Pumping back load

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Tom L. Ingram TITLE Operator DATE 11/12/82

Original Signed By
 Leslie A. Clements
 Supervisor District II

APPROVED BY _____ TITLE _____ DATE NOV 19 1982

CONDITIONS OF APPROVAL, IF ANY: